

MOTION FOR RECONSIDERATION OR NEW TRIAL;
DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

TWO-SIDED FORM
Form #1DC41

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAI'I		
Plaintiff(s)		Reserved for Court Use
		Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)	
Trial Date of Judgment or Order:		Judge:
<div>MOTION FOR RECONSIDERATION OR NEW TRIAL</div> <p>Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:</p> <div><input type="checkbox"/> District Court Rules of Civil Procedure, Rule _____;</div> <div><input type="checkbox"/> New trial under District Court Rules of Civil Procedure, Rule 59.</div>		
<div>DECLARATION</div> <p>I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:</p> <div><div>1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____;</div><div>2. The following are facts why the Motion should be granted (attach continuation sheet if necessary).</div></div>		
Date:	Signature of Declarant: Print/Type Name:	

NOTICE OF MOTION

TO: _____:

Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address checked below on _____, _____, 200____ at _____ M., or as soon thereafter as parties may be heard.

COURT ADDRESSES

- ☐ Honolulu Division
☐ 'Ewa Division
☐ Ko'olaupoko OR Ko'olaupoko Division
☐ Wahiawā OR Waialua Division
☐ Wai'anae Division

1111 Alakea Street, 10th Floor, Honolulu, Hawai'i 96813
870 Fourth Street, Pearl City, Hawai'i
46-201 Kahuhipa Street, Kāne'ohe, Hawai'i
1034 Kilani Avenue, Wahiawā, Hawai'i
87-1784 Farrington Highway, Nānākuli, Hawai'i

Mailing address for the above Courts: **1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney: Print/Type Name:
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RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- ☐ **I DO NOT OBJECT to this Motion.**
- ☐ I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney: Print/Type Name:
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In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.